

ARIZONA FORM
140PY

Part-Year Resident Personal Income Tax Return

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

1996

For the year January 1 - December 31, 1996, or other tax year beginning _____, 1996, and ending _____, 1997. **66**First name and initial - if joint return, also give spouse's name and initial _____ Last name _____ Your social security number _____
1Present home address - number and street, including apartment number or rural route _____ Apt. No. _____ Daytime telephone _____ Spouse's social security number _____
2City, town or post office _____ State _____ ZIP code _____ Home telephone _____ **94** () _____ For DOR use only
3

Filing Status Check one	4	Married filing joint return	88
	5	Head of household - name of qualifying dependent : _____	
	6	Married filing separate return. Enter spouse's social security number above and full name here. ➤	
	7	Single	
Exemption Enter number claimed	8	Age 65 or over (you and/or spouse)	81
	9	Blind (you and/or spouse)	
	10	Dependents. From page 2, line A2 - do not include self or spouse.	
Residency Status	11	Part-year resident other than active military (Check one)	81
	12	Part-year resident active military	

Income	13	Federal adjusted gross income (from your federal return)	13		00			
	14	Arizona income (from page 2, line B19)				14		00
	15	Additions to income (from page 2, line C23)				15		00
	16	Amounts received from an individual medical savings account				16		00
	17	Add lines 14, 15 and 16				17		00
	18	Deposits and employer contributions into individual medical savings accounts	18		00			
	19	Subtraction of 1996 federal retirement contributions. See instructions	19		00			
	20	Subtractions from income (from page 2, line D35)	20		00			
	21	Total subtractions. Add lines 18, 19 and 20				21		00
	22	Arizona adjusted gross income. Subtract line 21 from line 17				22		00

Figuring Your Tax	23	Deductions. Check ONE box and enter amount. 23 I <input type="checkbox"/> ITEMIZED 23 S <input type="checkbox"/> STANDARD	23		00			
	24	Personal exemptions. See page 15 of the instructions	24		00			
	25	Add lines 23 and 24				25		00
	26	Arizona taxable income. Subtract line 25 from line 22				26		00
	27	Compute the tax using Tax Rate Table X or Y				27		00
	28	Tax from recapture of credits from Arizona Form 301, line 18				28		00
	29	Subtotal of tax. Add lines 27 and 28				29		00
	30	Family income tax credit from worksheet page 16	30		00			
	31	Credits from Arizona Form 301, line 33	31		00			
	32	Credit type. Enter form number of each credit claimed	32	3		3		3
	33	Total credit. Add lines 30 and 31				33		00
	34	Total tax. Subtract line 33 from line 29. If line 33 is more than line 29, enter zero				34		00
Payments	35	Federal retiree credit available	35		00			
	36	Balance of tax. Subtract line 35 from line 34. If line 35 is more than line 34, enter zero				36		00

Payments	37	Arizona income tax withheld during 1996	37		00			
	38	Arizona estimated tax payments for 1996	38		00			
	39	Amount paid with 1996 Arizona extension request (Form 204)	39		00			
	40	Total payments. Add lines 37, 38 and 39				40		00

Refund or Tax Due	41	TAX DUE. If line 36 is larger than line 40, enter amount of tax due. Skip lines 42, 43 and 44	41		00				
	42	OVERPAYMENT. If line 40 is larger than line 36, enter amount of overpayment	42		00				
	43	Amount of line 42 to be applied to 1997 estimated tax	43		00				
	44	Balance of overpayment. Subtract line 43 from line 42	44		00				
	Voluntary Arizona gifts to:	45	Arizona Wildlife Fund	45		00			
		46	Child Abuse Prevention	46		00			
		47	Neighbors Helping Neighbors	47		00			
	48	Special Olympics	48		00				
	49	Voluntary political gift	49		00				
	50	Check only one if making a political gift: 1 <input type="checkbox"/> Democratic 2 <input type="checkbox"/> Libertarian 3 <input type="checkbox"/> Reform 4 <input type="checkbox"/> Republican							
	51	Estimated payment penalty and interest. See instructions	51		00				
	52	Check applicable box(es). 1 <input type="checkbox"/> Annualized/Other 2 <input type="checkbox"/> Farmer or fisherman 3 <input type="checkbox"/> Form 221 attached							
53	Individual medical savings account penalty	53		00					
Attach check or money order on top of any Forms W-2	54	Total of lines 45, 46, 47, 48, 49, 51 and 53	54		00				
	55	REFUND. Subtract line 54 from line 44. If less than zero, enter amount owed on line 56	55		00				
	56	AMOUNT OWED. Add lines 41 and 54. Include social security number on payment.	56		00				

PART A
DependentsDo not list
yourself or
spouse.**A1** List children and other dependents. If more space is needed, attach a separate sheet.

First name	Last name	Social security number			Relationship	No. of months lived in your home in 1996

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10.

TOTAL

A2**A3** Enter the names of the dependents listed above who do not qualify as your dependent on your federal return because:

(1) The dependent's income was \$2,550 or more

(2) The dependent filed a joint federal return with his/her spouse

(3) You claimed the dependent under the Arizona age 65 or over rules

PART B
Arizona
Percent of
Total
Income**B4** Dates of Arizona residency: From _____ To _____

List other state(s) of residency _____

1996 **FEDERAL**
Amounts from federal return1996 **ARIZONA**
Amounts only**B5** Wages, salaries, tips, etc.**B5** 00

00

B6 Interest**B6** 00

00

B7 Dividends**B7** 00

00

B8 Arizona income tax refunds**B8** 00

00

B9 Alimony received**B9** 00

00

B10 Business income or (loss) from federal Schedule C**B10** 00

00

B11 Gain or (loss) from federal Schedule D.....**B11** 00

00

B12 Rents, royalties, partnerships, estates, trusts, small business corporations, from
federal Schedule E**B12** 00

00

B13 Other income reported on your federal return**B13** 00

00

B14 **Total income.** Add lines B5 through B13**B14** 00

00

B15 Total IRA deduction.....**B15** 00

00

B16 Other federal adjustments. *Attach your own schedule***B16** 00

00

B17 **Total adjustments.** Add lines B15 and B16.....**B17** 00

00

B18 Federal adjusted gross income. *Subtract line B17 from line B14 in FEDERAL Column***B18** 00

00

B19 Arizona income. *Subtract line B17 from line B14 in ARIZONA Column. Enter
here and on the front of this form line 14***B19** 00**B20** Arizona percentage. *Divide line B19 by line B18 and enter the result (not over 100%)***B20** %**PART C**
Additions
To Income**C21** Early withdrawal of Arizona Retirement System contributions**C21** 00**C22** Other additions to income. *See instructions and attach your own schedule***C22** 00**C23** **Total.** Add lines C21 and C22. Enter here and on the front of this form, line 15.....**C23** 00**PART D**
Subtractions
From
Income**D24** Exemption: Age 65 or over. *Multiply number in box 8, page 1, by \$2,100***D24** 00

00

D25 Exemption: Blind. *Multiply number in box 9, page 1, by \$1,500***D25** 00

00

D26 Exemption: Dependents. *Multiply number in box 10, page 1, by \$2,300***D26** 00

00

D27 **Total exemptions.** Add lines D24 through D26**D27** 00

00

D28 Multiply line D27 by percentage on line B20 and enter the result.....**D28** 00**D29** Interest on U.S. obligations, such as U.S. Savings Bonds and Treasury Bills included in the ARIZONA column**D29** 00**D30** Arizona state lottery winnings included on line B13 in ARIZONA column (*up to \$5,000 only*)**D30** 00**D31** U.S. social security or Railroad Retirement Act benefits included in your ARIZONA income**D31** 00**D32** Agricultural crops contributed to Arizona charitable organizations**D32** 00**D33** Alternative fuel vehicles and refueling equipment**D33** 00**D34** Other subtractions. *See instructions and attach your own schedule.***D34** 00**D35** **Total.** Add lines D28 through D34. Enter here and on the front of this form, line 20**D35** 00**PART E****E36** Last name(s) used in prior years if different from name(s) used in current year.**Please**
Sign
HereI have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete.
Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Occupation

Spouse's signature

Date

Spouse's occupation

Paid
Preparer's
Information

Preparer's signature

Date

Firm's name (preparer's if self-employed)

Preparer's TIN

Preparer's address